

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO.		FILING DATE	
A CLAIMS						A			
AS FILED		AFTER AMENDMENT		AFTER AMENDMENT					
INO.	OEP.	INO.	OEP.	INO.	OEP.	INO.	OEP.	INO.	OEP.
1						61			
2						62			
3						63			
4	1					64			
5						65			
6						66			
6						66			
7						67			
8						68			
9						69			
10						70			
11						71			
12						72			
13						73			
14						74			
16	1					75			
16						76			
17						77			
18						78			
19						79			
20						80			
21						81			
22						82			
23						83			
24						84			
25						85			
26						86			
27						87			
28						88			
29						89			
30						90	1		
31						91	1		
32						92	1		
33						93	1		
34						94			
35						95			
36						96			
36						97			
37						98			
38						99			
39						100			
40									
41									
42									
43									
44									
46									
46									
47									
48									
49									
50									
TOTAL INO.						10			
TOTAL OEP.						82			
TOTAL									
						92			

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM M-276)

SERIAL NO.

FILING DATE

APPLICANT(S)

A CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
01						
02						
03						
04						
05						
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43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			22			
TOTAL DEP.			16			
TOTAL						

61						
62						
63						
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL						